The Available Radiologist: Direct Radiologist Access for Patients through Google Voice

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Background

Increasing value and emphasizing patient-facing activities has become a major focus for radiology in the era of MACRA and the eventual move away from pure fee-for-service payment models. Indeed, one of the key components of the American College of Radiology’s (ACR) Imaging 3.0 initiative focuses on patient- and family-centered care, including a new ACR Commission on Patient Experience (1).

Many challenges exist that prevent practicing radiologists from fully embracing these activities, including a lack of clear reimbursement strategy, poor collaboration on value initiatives and continued pressure to increase volume in the setting of ever-decreasing reimbursements. Even when implemented well, many of the activities radiologists perform in addition to exam interpretation occur “behind the scenes” and often go unnoticed by patients.

Building relationships with patients can be inherently challenging for radiologists given the nature of the services provided. However, data supports the idea that patients would like the opportunity to speak with radiologists, who are often better able to answer questions about their imaging study or report (2). Even as patient portals have afforded patients improved capacity to access their radiology exam report and see the interpreting radiologist’s name, there is usually no direct method of contacting the radiologist (3).

Case Presentation

To offer patients direct radiologist contact, we implemented a pilot program using Google Voice to provide a short term alias telephone number for 8 interpreting radiologists (4).

Beginning 9/28/2016 exam reports produced by the participating radiologists contained a template statement:

“DEAR PATIENT,
If you have a question about this report, please call <GoogleVoice#> to speak to one of the interpreting radiologists.”

The <GoogleVoice#> was replaced by the Google Voice number specific to the interpreting radiologist.

The Google Voice number was routed to the interpreting radiologist’s personal cellular telephone. A feature of Google Voice allowed the interpreting radiologist to determine whether an incoming call was directed toward their personal telephone number or toward the Google Voice number.

If an incoming Google Voice call was not immediately answered by the interpreting radiologist, a specific voicemail introduced the radiologist by name, encouraged the caller to leave their name and contact information, and stated that the caller could expect a return call within one business day. If the interpreting radiologist was expected to be unavailable for multiple consecutive business days, the voicemail was changed and directed the caller to the institution’s main radiology number.
A web form was created to log all calls received. This was implemented as a Google Form with fields to track the time and duration of the call, exam accession number, relationship of the caller to the patient (self, family member, provider, etc.), question subject and what radiologist time and resources were required to resolve the call. Finally, the call was documented in the patient’s electronic medical record similar to documentation for other calls made to clinical providers to ensure continuity of care. The data was gathered for approximately 2 months of dictated cases and a separate form was submitted after each patient telephone encounter.

**Outcome**

All 8 radiologists who participated enrolled for a Google Voice number and used their personal cell phone to receive calls. Over approximately two months, the template statement was added to 1,936 radiology reports (219 radiographs, 792 CTs, 914 MRIs, 3 ultrasounds, and 7 others).

During this time, the radiologists received 10 phone calls spread evenly throughout the duration of the pilot. All calls pertained to MRI examinations. Seven of the ten calls were made by patients while the remaining three were made by subspecialty physicians. The reasons for calling were varied and included questions about the meaning of terms in the report, a request for an addendum due to a dictation error, questions about organs/findings not specifically mentioned, and the clinical impact of the findings described.

The calls averaged about 4 minutes in length. Including the time spent reviewing the case, patient chart, and/or literature, each call consumed an average of 7 minutes of the radiologist's time. In total, all of the phone calls for this project and the relevant clinical time spent addressing these issues totalled approximately 65 minutes. Averaged over all of the exams included in the study, this service adds 2 seconds to each exam.

**Discussion**

This project created a method for patients to directly contact a radiologist who interpreted their imaging examination. Prior studies suggested this ability could help patients better understand the complexity of a radiologic report as well as improve communication between patients and radiologists in a way that clearly demonstrates the value a radiologist brings to the care team (5,6).

While the call rate was low, with only 0.52% of studies initiating a contact, the upfront effort on the part of the radiologist was minimal. Additionally, the Google Voice number routing allowed for direct access to the physician while on service, unlike other methods of contact, without the disadvantages of listing a personal cell phone number.

Although not yet performed, we plan in the future to ask callers for feedback about the ease of use and overall experience with the process. Depending on the results of that follow-up and ongoing data collection about the volume of calls, we will consider expanding this initiative beyond the 8 radiologists currently involved.

Subjectively, the majority of patients seemed pleased with the interaction, and future studies could further assess the quality of the interaction and patient satisfaction.

**Conclusion**

This pilot program demonstrated a straightforward method to facilitate patients contacting their radiologist directly with minimal effort and without compromising personal phone numbers. The
utilization rate was low but patients reported satisfaction with the process. This provides one mechanism using readily available tools to allow direct doctor-patient interaction within radiology and improve a patient's understanding of how imaging fits into their clinical care.

References


Keywords

patient centered, Google, Imaging 3.0, radiologist access